

Throughout July, though, Senators should expect to be here on Mondays and on Fridays. I expect that we will be in 6 or 7 hours each Monday; that we will have night sessions every night; that we will be in usually 12 hours a day Tuesdays, Wednesdays and Thursdays; and I will be trying to schedule bills and votes into the night Tuesdays, Wednesdays, and Thursdays so that we can move several appropriations bills and some of the bills I have mentioned here.

We have a number of other important issues—product liability, bankruptcy, the credit union bill. We have a lot of work to do, so what I will try to do is dual-track some of these, with appropriations bills being on the floor almost every day and then maybe work at night on other issues.

For instance, it is my intention to have the conference report on the IRS restructuring probably the Tuesday or Wednesday night that we come back. We may actually have a final vote on it the next morning. But in order to get our work done, Senators should expect that I will schedule votes around 9 o'clock every Tuesday, Wednesday, and Thursday.

I have really bent over backwards to be helpful to the Senate, to try to be considerate of their family needs, but it seems that we have not gotten reciprocation from Senators, frankly, on either side. The number of amendments is totally out of control. Every bill now has 100 amendments. If Senators can't learn to be serious, only have major amendments, cut the debate time, if we do not get cooperation on both sides of the aisle, then I have no alternative but to start having what would be called "bed check" votes. If we get our work done, we will not go late. If we do not, we will be here until 9 and 10 o'clock every night in July.

So Senators need to prepare for that, and then we won't surprise anybody. But that is the schedule we have to work in order to get six or eight appropriations bills done in July, and maybe more, if we can, and other important authorizations that have to be done. I know that is good news for one and all, and now morning business is in order.

I yield the floor.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER (Mr. ALLARD). Under the previous order, leadership time is reserved.

MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, there will now be a period for morning business not to extend beyond the hour of 10:10 a.m., with Senators permitted to speak therein for up to 5 minutes each. Under the previous order, the Senator from Ohio, Mr. DEWINE, is recognized to speak up to 10 minutes.

The Senator from Ohio.

PRIVILEGE OF THE FLOOR

Mr. DEWINE. Mr. President, let me first ask unanimous consent that the privilege of the floor be granted to a member of my staff, Terrence O'Donnell, for the remainder of the day.

The PRESIDING OFFICER. Without objection, it is so ordered;

Mr. DEWINE addressed the Chair.

The PRESIDING OFFICER. The Senator from Ohio is recognized.

Mr. DEWINE. I thank the Chair.

(The remarks of Mr. DEWINE pertaining to the introduction of S. 2242 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. DORGAN addressed the Chair.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Mr. President, am I correct, the Senate is in morning business?

The PRESIDING OFFICER. The Senator is correct. The Senator is recognized for 10 minutes.

PATIENTS' BILL OF RIGHTS

Mr. DORGAN. Mr. President, it is my hope and the hope of many of my colleagues, that, when we return following the Independence Day break, we will take up a piece of legislation called the Patients' Bill of Rights.

We have, over many weeks, come to the floor of the Senate to talk about cases around the country that illustrate the critical need for us to do something about a health care system that has increasingly herded people into managed care plans in which profit and loss, or the bottom line, becomes more important than a person's health care needs. That is why the American Medical Association and many others support the Patients' Bill of Rights that we have introduced. My fervent hope is that the Congress and the Senate will find time to address this issue in July.

Let me talk just for a moment about a woman, Phyllis Cannon from Newcastle, OK. In September of 1991, Phyllis Cannon was diagnosed with acute myeloblastic leukemia. She underwent a regimen of chemotherapy, which her HMO did pay for, and her leukemia went into remission. But her doctor, her oncologist, fearing that her cancer would again surface, recommended that she undergo an analogous bone marrow transplant. However, her HMO contended that this procedure was still experimental for first remission patients, and it refused to pay for the bone marrow transplant, even though a bone marrow transplant procedure was covered under the terms of her plan.

Phyllis Cannon's oncologist fought vigorously for this procedure. He supplied the HMO with the latest medical literature on the procedure, knowing that an urgent transplant was critical for Phyllis' health. But, once again, the HMO denied coverage. Phyllis, her

husband Jerry, and the doctor continued to fight, and finally, after another month had passed, the HMO relented and said it would pay for the bone marrow transplant.

But the HMO officials, once they had agreed to cover the transplant, didn't notify Phyllis of the decision until a month later, and by then it was too late. The leukemia had returned, and Phyllis died 6 weeks later.

Because Phyllis received her health care coverage from her employer, her HMO was protected under a law called ERISA. Employer-sponsored plans, like the one covering Phyllis, are governed by ERISA, which gives HMOs immunity from the harmful effects their decisions might have. So, for Jerry Cannon, ERISA left him no chance to hold the HMO accountable for its decision which led to his wife's death. And this story, one more story, of Phyllis Cannon, demonstrates the need for a Patients' Bill of Rights.

Increasingly, as health care becomes more a function of profit and loss, it is straying from the central purpose of health care.

Let me share with my colleague what Phyllis' husband Jerry said. This is a picture of Jerry holding a photograph of his wife.

[Telling my wife that the HMO was not going to provide the transplant she needed] just devastated her. She gave up after that. Oh, it was horrible. Once I got off the phone, I could see all hope leave her.

This is just one person, one person among thousands and tens of thousand in this country who now fear a health care system in which they are herded into this big chute called HMOs or managed care, and some insurance company accountant in a back room 500 miles away will make a decision about whether a medical procedure is covered. And when they make a mistake in that back room of the insurance office, no one can hold them accountable. If the doctor makes a mistake, that doctor is accountable. But the health care plan has no accountability.

In fact, they have special protection under the law. We suggest as the remedy a Patients' Bill of Rights supported by the President, by the American Medical Association, and by a vast array of groups around this country that represent patients.

Let me describe one more time, as I have before when I have come to the floor to talk about this issue, why the American people are demanding we do something about this problem.

There was a story in the paper several months ago about a woman who was injured quite severely by a fall from a horse. Her brain was swelling, and bystanders called an ambulance to take her to the hospital. While this woman was in the ambulance, with her brain swelling, she said, "I don't want to go to hospital X," which was the nearest hospital. "I want you to take me to hospital Y," which was further away.

She survived this brain injury and was asked later, "Why did you, while you were in this ambulance suffering from a serious injury, ask to be taken to the hospital that was further away?" She said, "Because I had read a lot about the hospital that was closest, and it was all about profit and loss, all about the bottom line. I didn't want to be wheeled into an emergency room in that hospital and have someone look at me in terms of dollars and cents, in terms of profit and loss. That is not the way I wanted to be treated as a patient."

Our Patients' Bill of Rights says that every patient has a right to know all the medical options available for treatment of their disease, not just the cheapest option. Our Patients' Bill of Rights says that people have a right to go to an emergency room when they have a medical emergency. You think that is something that is understood across this country? It is not. There are plenty of instances when people are not getting coverage for emergency room visits.

Our Patients' Bill of Rights says that when someone is in need of a specialist to treat their disease, he or she has a right to see that specialist. You think that is routine in managed care organizations today? I am sorry to say it is not.

And our Patients' Bill of Rights—unlike the bill that was unveiled just yesterday, I believe, in the other body—says patients have a right to sue their health plan if its decision harms them. We take away the special exemption that is given these organizations so that when a health plan makes medical judgments that can deny someone like Phyllis the cancer treatment she needs the folks who made that decision are made to take responsibility for it. That is why President Clinton and a good many in Congress, Republicans and Democrats, say it is time to do something about this issue.

I suppose that one can make the case, "Well, there's only so much money in the system." Doctors make the case that they want to practice medicine in the doctor's office, in the hospital room.

I have met with a good many doctors in my State to talk to them about the health care system. Increasingly, they tell us that managed care organizations are taking the decisions out of the doctors' offices and out of the hospital rooms, and making them instead in some insurance office hundreds of miles away by someone who knows nothing about the patient and nothing about the patient's needs.

Doctors are angry about that, and justifiably angry in my judgment. It is time—long past the time—to pass a piece of legislation that says to these organizations, there are certain basic rights that ought to be available to every American when they are ill, when they are in need of help from the health care system.

Among those rights, as I just mentioned, is the right to understand, from

your health care provider, all of the options available to you to help treat you, not just the cheapest option available that the managed care organization is willing to provide. Those are the kinds of things that we will address and discuss and hopefully deal with when we bring a Patients' Bill of Rights to the floor.

Again, I am pleased to say this is not one of those issues that is a partisan issue. There are Republicans and Democrats who feel strongly and have spoken aggressively on the floor of the Senate and the House about this issue.

The power to schedule here in the Congress is a very important and very significant power. We hope that those who have the power to schedule will put on the agenda of the U.S. Senate the Patients' Bill of Rights. No, not some watered down, lukewarm version like was introduced yesterday that is designed only to allow Congress to say it dealt with this issue. I am talking about a real Patients' Bill of Rights, one that addresses and solves the health care problems that Americans are forced to deal with every day and that, regrettably, Jerry Cannon and his poor wife Phyllis discovered a few years ago in a very tragic way.

We can solve these problems, and we should. We owe it to Phyllis and Jerry and the other families around this country who confront this every day in the doctors' offices and in the hospital rooms.

Mr. President, I yield the floor.

The PRESIDING OFFICER. Under the previous order, the Senator from Utah, Mr. HATCH, is recognized to speak for up to 10 minutes.

JUDICIARY COMMITTEE'S MICROSOFT INQUIRY

Mr. HATCH. Mr. President, I rise this morning to speak for just a few moments on the Senate Judiciary Committee's progress with respect to our Microsoft inquiry and, more specifically, to share my perspectives on how Microsoft has conducted itself before the committee; to discuss some important developments from this past week; and to discuss the committee's upcoming plans with respect to the Microsoft issue.

This week has been a significant one. Just yesterday, Windows 98 was rolled out to consumers. I might note that, contrary to Microsoft's emphatic protests last month that a federal lawsuit would have catastrophic consequences for the PC industry, the Justice Department did file suit, and, lo and behold, the sky has not fallen on either Microsoft or the computer industry. Meanwhile, the Department of Justice encountered a set back in its original consent decree case. And, something which got less attention in the midst of these other developments, the Software Publisher's Association, the 1,200 member software industry association of which Microsoft is a member, released a report describing how, if allowed to

proceed with its tried and true market practices, Microsoft will extend its current desktop monopoly to control the market for network servers—a technology which provides the foundation for the Internet and corporate intranets. So this is important. Microsoft is attempting to extend its current monopoly of 90 percent of the underlying operating system to control all the market for network services, both the Internet and corporate intranets.

So, for those who have looked seriously at the Microsoft issue, I believe it is clear that the issue is about much more than just the browser. In fact, I have never thought that the browser issue was the most important issue at all, although it is important if you look at all of the ramifications of the browser problems.

It is about whether one company will be able to exploit its current monopoly in order to control access to, and commerce on, the Internet; whether one company will control the increasingly networked world in which we are coming to conduct our businesses and in which we are coming to lead our lives.

Indeed, the reach of Microsoft's monopoly power is on the verge of extending well beyond markets which we have traditionally thought of as software or technology markets, and the effects of this expansion will be felt not just by the software companies who have traditionally competed with Microsoft, but by a broad swath of U.S. consumers. As The New York Times yesterday observed,

Right now Microsoft is expanding into myriad Internet businesses, including news, entertainment information, banking, financial transactions, travel bookings and other services. Since consumers have no choice but to buy the Windows operating system when they buy personal computers, Microsoft is in a position to give such a big advantage to its own software that any other software maker would not be able to compete.

I agree with the Times's conclusion. They went on to say: "It is not healthy for the courts to grant Microsoft a permanent chokehold over the entire expanding world of the Internet." I ask unanimous consent that this New York Times editorial be printed in the RECORD.

There being no objection, the editorial was ordered to be printed in the RECORD, as follows:

[From the New York Times, June 25, 1998]

A MISTAKEN MICROSOFT RULING

One month after the Justice Department filed its sweeping antitrust suit against Microsoft, a Federal appeals court has issued a deeply flawed ruling that may weaken the Government's case. The three-judge panel seemed to adopt Microsoft's arrogant claim that it has the right to incorporate its browser, or any other software, into its Windows operating system as long as doing so offers certain advantages to consumers. But if the thinking behind this decision prevails, it could permit Microsoft to use its monopoly power to crush competitors throughout the Internet. The Justice Department thus needs to mount a vigorous counterattack invoking the full force of antitrust laws.

The Justice Department can argue that the appeals court ruling need not determine